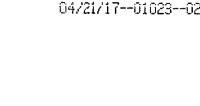
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(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Office Use Only





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## **COVER LETTER**

Division of Co				
SUBJECT: LAKER IN	IVESTMENT MANAGE	MENT, LLC		
SUBJECT.	(Name of Res	ulting Florida Limit	ed Comj	pany)
				I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	g this matter to:		
Jane Yeager Cheffy, Esq.				
	(Contact Person)			
Jane Yeager Cheffy, P.A.				
	(Firm/Company)			
2375 Tamiami Trail North	1#310			
	(Address)			
Naples, FL 34103				
(C	ity, State and Zip Code)			
joehouston1@yahoo.com		-		
E-mail Address: (to be	used for future annual rep	port notifications)		
For further informatio	n concerning this mat	ter, please call:		
Jane Yeager Cheffy, Esq.		at ( <sup>239</sup>	263-11	30
(Name of Contac	t Person)	(Area Code)	(Dayt	ime Telephone Number)
Enclosed is a check for dollars and drawn on a			rocesso	ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	■\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	:	MAIL	NG A	DDRESS:
New Filing Section		New Fi	_	
Division of Corporation Clifton Building	ons	Divisio P. O. B		orporations 7
2661 Executive Cente	r			L 32314
Circle Tallahassee, FL			, .	

32301

#### **Articles of Conversion**

For

## "Other Business Entity"

Into

## Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" imm LAKER INVESTMENT MANAGEMENT, INC.	ediately prior to the filing of the Articles of Conversion is:
(Enter Name of Othe	***************************************
2. The "Other Business Entity" is a corporation	
(Enter entity typ	e. Example: corporation, limited partnership, nership, common law or business trust, etc.)
First organized, formed or incorporated under the	laws of Florida
January 12, 2006	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)	
·	npany as set forth in the attached Articles of Organization
LAKER INVESTMENT MANAGEMENT, LLC	·
(Enter Name of Florida Limite	ed Liability Company)
4. If not effective on the date of filing, enter the	effective date:
after the date this document is filed by the Flor the effective date listed in the attached Articles	of receipt or filed date nor more than 90 calendar days rida Department of State; AND 2) must be the same as sof Organization, if an effective date is listed therein.) oplicable statutory filing requirements, this date will not be listed as the ords.
5. The plan of conversion has been approved in a	ccordance with all applicable statutes.
6. The "Converted or Other Business Entity" has ag which such members are entitled under ss. 605.1	greed to pay any members having appraisal rights the amount to 006 and 605.1061-605.1072, F.S.

17 APR 21 AM 9: 14

Signed this 9TH	day of MARCH	20_17 .	
Signature of Autho	orized Representative o	f Limited Liability Company:	
Signature of Author	rized Representative:	Title: Organizer	
		atity: [See below for required signat	urc(s)
Signature:	711		
Printed Name: Joseph	Houston	Title: Director	
Printed Name:		Title:	
Printed Name:		Title:	
Printed Name:		Title:	
Printed Name:		Title:	··-
Signature:			
Printed Name:		Title:	
If Florida Corporat	tion:		
Signature of Chairm	an, Vice Chairman, Direc		
If Directors or Office	ers have not been selected	, an Incorporator must sign.	
	<u>Partnership or Limited l</u>	Liability Partnership:	
Signature of one Ger	neral Partner.		
If Florida Limited	Partnership or Limited I	<u> Liability Limited Partnership:</u>	
Signatures of ALL (	General Partners.		
All others: Signature of an auth	orized person.		
Fees:			
Articles of C	Conversion:	\$25.00	

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: SLUNCIÁRS OF STATE SLUNCIÁRS OF STATE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nai	me:		
	imited Liability Company	is:	
	NT MANAGEMENT, LLC		<u> </u>
(Mu	st contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC."	)
ARTICLE II - Ac		e principal office of the Lim	ited Liability Company is:
Principal Office A	Address:	<b>Mailing Address:</b>	
3375 E Tamiami Trail	1, #100		
Naples, FL 34112			
(The Limited Liability C business entity with an	egistered Agent, Register ompany cannot serve as its own Reactive Florida registration.)  Florida street address of the	red Office, & Registered Ageistered Agent. You must designate ne registered agent are:	Agent's Signature: an individual or another
	Jane Yeager Cheffy		
	Na	nme	
	2375 Tamiami Trail North #3	10	
	Florida street address (F	P.O. Box NOT acceptable)	
	Naples	FL 34103	
	City	Zip	
liability comp registered agent statutes relatin	pany at the place designated and agree to act in this cap g to the proper and comple digations of my position as	d in this certificate, I hereby	nply with the provisions of all, , and I am familiar with and

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
MGR	JOSEPH HOUSTON		
	3375 E. TAMIAMI TRAIL #100	<b>*</b> [2]	
	NAPLES, FL 34112		_ <b>_</b>
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	- Marriage - Colored - Col	<del></del> ਰੁਜ਼ੀ_	<del></del>
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an effective date is listed, the date mus	st be specific and cannot be more th	(OP	TIONAL) usiness days
ATICLE V: Effective date, if other than to an effective date is listed, the date must or to or 90 calendar days after the date e: If the date inserted in this block does not meet ument's effective date on the Department of State	at be specific and cannot be more the of filing.) the applicable statutory filing requirements.	han five bu	isiness days
(Use attachment if necessary)  RTICLE V: Effective date, if other than to an effective date is listed, the date must or to or 90 calendar days after the date e: If the date inserted in this block does not meet ument's effective date on the Department of State et al. (Control of State)  RTICLE VI: Other provisions, if any.	at be specific and cannot be more the of filing.) the applicable statutory filing requirements.	han five bu	isiness days
ATICLE V: Effective date, if other than to an effective date is listed, the date must or to or 90 calendar days after the date e: If the date inserted in this block does not meet ument's effective date on the Department of State	at be specific and cannot be more the of filing.) the applicable statutory filing requirements.	han five bu	isiness days
ATICLE V: Effective date, if other than the an effective date is listed, the date must or to or 90 calendar days after the date. If the date inserted in this block does not meet ament's effective date on the Department of State. TICLE VI: Other provisions, if any.	at be specific and cannot be more the of filing.) the applicable statutory filing requirements.	han five bu	isiness days
ATICLE V: Effective date, if other than the an effective date is listed, the date must or to or 90 calendar days after the date e: If the date inserted in this block does not meet ument's effective date on the Department of State at Interest of Signature of a member of Signature of a member of this document is executed in a I am aware that any false inform	at be specific and cannot be more the of filing.) the applicable statutory filing requirements.	this date will	not be listed as
RTICLE V: Effective date, if other than the an effective date is listed, the date must or to or 90 calendar days after the date in this block does not meet ument's effective date on the Department of State at CTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of this document is executed in a I am aware that any false informations third degree felongers.	er or an authorized representative of accordance with section 605.0203 (1) (b), Flonation submitted in a document to the Departy as provided for in s.817.155, F.S.	this date will  of a memb orida Statutes.	not be listed as
RTICLE V: Effective date, if other than the an effective date is listed, the date must or to or 90 calendar days after the date in this block does not meet ument's effective date on the Department of State at CTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of this document is executed in a I am aware that any false informations third degree felongers.	er or an authorized representative of accordance with section 605.0203 (1) (b), Flonation submitted in a document to the Departy as provided for in s.817.155, F.S.	this date will  of a memb orida Statutes.	not be listed as
RTICLE V: Effective date, if other than the an effective date is listed, the date must or to or 90 calendar days after the date in this block does not meet ument's effective date on the Department of State at CTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of this document is executed in a I am aware that any false informations third degree felongers.	er or an authorized representative of accordance with section 605.0203 (1) (b), Flonation submitted in a document to the Depart	this date will  of a memb orida Statutes.	not be listed a

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

Company: